

<b>Case Number:</b>	CM15-0068555		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old female, who sustained an industrial injury on December 26, 2012. She reported low back pain and right ankle pain. The injured worker was diagnosed as having lumbar myospam, lumbar radiculopathy, lumbar strain/sprain, right ankle sprain/strain, rule out right ankle internal derangement, sleep disruptions and sleep disturbances. Treatment to date has included diagnostic studies, conservative care, physical therapy, chiropractic care, medications and work restrictions. Currently, the injured worker complains of low back pain radiating to the lower extremity and right ankle pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on October 9, 2014, revealed continued pain as noted. A retrospective request for pain medications was made.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective Tramadol 150mg 1 tablet by mouth twice for Chronic Pain #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted (7-8/10) over time while on the medication. He had been on the maximum dose. The continued use of Tramadol as above is not medically necessary.